

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005609

STATE FILE NUMBER

659

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas City

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION General Hospital

Length of stay in lb
#2 Life

d. STREET ADDRESS 1919 Montgall

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
Infant

Middle

Last
Hill

4. DATE OF DEATH
Month January 14, 1959
Day Year

5. SEX
Female

6. COLOR OR RACE
Negro

7. MARRIED ☐ NEVER MARRIED ☒
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH
1-14-59

9. AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.
12 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME

Odis Hill

13b. MOTHER'S MAIDEN NAME

Sarah Gamble

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

Address

Odis Hill, 1919 Montgall

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Interstitial pneumonitis.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-14-59 to 1-14-59 and last saw her alive on 1-14-59
Death occurred at 5:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

22b. ADDRESS

600 East 22nd Street

22c. DATE SIGNED

1-26-59

23a. FUNERAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or country)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Am. A. Lohmeyer

Licensed Embalmer No. 3089

P. O. Address Acme

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.